

**Schedule J**

**(Form 990)**

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

☐

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

☐

Attach to Form 990.

☐

Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Clinicas Del Camino Real

Employer identification number

95-2977147

**Part I Questions Regarding Compensation**

**Yes**

**No**

1a

Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form

990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐☐☐

During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

☐ ☐ ☐ a  
Receive a severance payment or change-of-control payment?

. . . . .

4a

No

b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

. . . . .

4b

No

c

Participate in, or receive payment from, an equity-based compensation arrangement?

. . . . .

4c

No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

☐ ☐ ☐ ☐ ☐ ☐ **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

☐ ☐ ☐ 5

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

☐ a  
The organization? . . . . .

5a

No

b

Any related organization?

5b

No

If "Yes," on line 5a or 5b, describe in Part III.

☐ 6

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

☐ a  
The organization?

6a

No

b

Any related organization? . . . . .

6b

No

If "Yes," on line 6a or 6b, describe in Part III.

☐ ☐ ☐ 7

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .  
7

No  
8

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .  
8

No  
9

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .  
9

No

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

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Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Antonio Alatorre COO	(i) 254,022		34,672	10,666	6,000	305,360	
	(ii)			-	-	-	-
2 Christina M Velasco CFO	(i) 275,766		44,858	11,166	6,000	337,790	
	(ii)			-	-	-	-
3 Gagan Pawar Medical Director	(i) 151,239	1,500		7,520	2,750	163,009	
	(ii)			-	-	-	-
4 Menashe Ehrenburg Physician	(i) 328,047	1,500		8,784		338,331	
	(ii)			-	-	-	-

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation					(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)
5 Rafael Diaz CIO	(i) 229,706		38,373	9,295		277,374
	(ii)			-	-	-
6 Roberto S Juarez CEO	(i) 408,518		3,507,718	13,000	12,000	3,941,236
	(ii)			-	-	-
7 Ta Thuc Ngu Dinh Physician	(i) 295,758	1,500		8,640		305,898
	(ii)			-	-	-
8 Tihele L Walkousky Physician	(i) 296,473	1,000		7,944		305,417
	(ii)			-	-	-
9 Todd Wayne Monroe Physician	(i) 322,183	1,500		8,604		332,287
	(ii)			-	-	-
10 Yasmin Sarafzadeh Physician	(i) 294,304	1,000		8,456		303,760
	(ii)			-	-	-

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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Part III

### Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Part I, Line 1a: Relevant information in regards to selections

Return Reference

Explanation

on 1a.

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**Additional Data**

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